

**CITY of KINGSTON
PARKS & RECREATION DEPARTMENT**

YOUTH FLAG FOOTBALL PROGRAM

PLAYER EVALUATION INFORMATION

**ALL NEW PARTICIPANTS IN THE
CO-ED, 8 - 10 YEAR OLD DIVISION
ARE REQUIRED TO ATTEND ON
THURSDAY, SEPTEMBER 3RD AT 5:30PM.
PLAYER EVALUATION TO BE HELD AT THE
ANDY MURPHY NEIGHBORHOOD CENTER.
PLEASE CARRY IN THE SNEAKERS THAT YOU WILL WEAR FOR
THE PLAYER EVALUATION.**

**ALL NEW PARTICIPANTS FOR THE
CO-ED, 11-14 YEAR OLD DIVISION
ARE REQUIRED TO ATTEND ON
THURSDAY, SEPTEMBER 3RD AT 6:30PM.
PLAYER EVALUATION TO BE HELD AT THE
ANDY MURPHY NEIGHBORHOOD CENTER.
PLEASE CARRY IN THE SNEAKERS THAT YOU WILL WEAR FOR
THE PLAYER EVALUATION.**

City of Kingston

Parks and Recreation Department

Kevin Gilfeather
Director

Mary Jo Wiltshire
Parks Administrator

467 Broadway
Kingston, New York 12401
(845) 331-1682 FAX (845) 331-2750
recreation@ci.kingston.ny.us



PROGRAM REGISTRATION

NAME OF PROGRAM: YOUTH FLAG FOOTBALL DATE: _____

NAME OF PARTICIPANT: _____

AGE: _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE #: _____ WORK #: _____ CELL #: _____

EMAIL ADDRESS (optional): _____

If Parent Is Unavailable Second Person to Contact:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE #: _____ WORK #: _____ CELL #: _____

ALLERGIES: (food, bees, medications, etc) _____

PHYSICAL LIMITATIONS: _____

EMOTIONAL CONCERNS (difficulties, disorders etc) _____

ADMINISTERED MEDICATIONS: YES _____ TYPE _____

Signature Parent/Guardian _____ Date _____

OFFICE USE ONLY:

AMT CHECK: \$ _____ AMT CASH \$ _____ RECEIPT # _____

City of Kingston

Parks and Recreation Department

Kevin Gilfeather
Director

Mary Jo Wiltshire
Parks Administrator

467 Broadway
Kingston, New York 12401
(845) 331-1682 FAX (845) 331-2750
recreation@ci.kingston.ny.us



ACKNOWLEDGMENT OF RISK

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

I give my daughter/son _____, permission to participate in the
~~YOUTH FLAG FOOTBALL~~ program/activity sponsored by the City of Kingston Parks and Recreation
Department.

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release, hold harmless and indemnify in whole, the City of Kingston, the City of Kingston Parks and Recreation Department and their officers, directors, representatives and employees from all claims or liabilities of any kind arising from my child's participation in this program/activity.

I further acknowledge there are certain unanticipated inherent risks involved with recreation programs that may involve severe or minor physical injury such as but not limited to injury from falls, broken bones, strains, sprains, bruises or contact with other participants. I agree to assume these risks and responsibilities surrounding my child's participation in this program or activity.

My child is in good physical condition and does not possess any physical or mental impairment that prevents their participation in this program or activity.

In signing this release I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed.

Signature of Parent/Guardian _____ Date: _____

Media Waiver

For promotional purposes videos or photographs are occasionally taken of City sponsored activities. These videos or photographs may be used for promotional material on the web, brochures, flyers or public access television.

If you **DO NOT** wish your child to appear in this manner check this box

